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ABSTRACT

In an attempt to integrate the theoretical perspectives of G.H. Mead and Piaget, this paper presents a model of human development which views physiological and cognitive growth as a unitary, universal progression that is interdependent with social development. Social development is seen as a result of the child's developmentally constrained processing of input from human contact. The dimensions of emotional, communicative, technological, and associative development are considered particularly important for young children. Emotional development is the development of a harmonious relationship between basic needs, conscience and ideals, and the environment, which enables individuals to maximize the investment of energy in constructive work and interpersonal attachments. Communicative development refers to an increasing ability to communicate with others through language plus nonverbal signs. The term technological development is used here to refer to individuals' abilities to master the technology of their culture. Associative development refers to an increasing ability to understand and put into practice the rules and conventions for group inclusion, maintenance, participation, and formation. It is proposed that the interaction of antecedent physio-cognitive development and subsequent social development can be assessed (through observation and inference) by analysis of three psychosocial dimensions: individual, membership, and interactional abilities. (Author/RH)

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Social Development of Young Children:

Bridging the Gap Between Symbolic Interactionism and Developmental Psychology*

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ABSTRACT

Social Development of Young Children: Bridging the Gap Between Symbolic Interaction and Developmental Psychology

Based on observation of preschoolers, traditional conceptualizations of human development have been recast into a theoretical model in which physiological and cognitive growth are viewed as a unitary and universal progression interdependent with growth as a social being. Physio-cognitive development is necessary, but not sufficient, for social development. The acquisition of social knowledge is context specific along four component dimensions: emotional, communicative, technological, and associative development. The four dimensions of social development are analyzed in terms of three types of psychosocial abilities--individual, membership, and interactional abilities--implied by symbolic interactionist and cognitive developmental theories of child development (see Figure 1).

Sociologists conceptualize human development as the transmission of patterned interactions from groups to individuals. Symbolic interactionists have tended to analyze the transmission of patterned interactions in terms of the negotiated rules governing group processes. Group processes are assumed to create differences in the structural opportunities and constraints for individuals. The subject matter for inquiry has been differences and similarities resulting from individuals' membership and experience in social groups. Psychologists, on the other hand, have viewed human development as the progressive acquisition of skills through experience with the environment. Developmental psychologists have tended to analyze the acquisition of skills in terms of maturational processes. Neurological and cognitive maturational processes are assumed to set the parameters

within which individuals progress through a series of age-related stages.

Social development occurs as a result of the child's processing of input from human contact in relationship to the level of physio-cognitive development. Social development is the process through which individuals internalize their culture, that is, "become human." It is the acquisition of an understanding of, and the ability to perform in accordance with, the norms and rules of the society in general and of particular groups. The dimensions of emotional, communicative, technological, and associative development are considered particularly important for young children. Emotional development is the development of a harmonious relationship--between basic needs, conscience and ideals, and the environment--which enables individuals to maximize the investment of energy in constructive work and interpersonal attachments. Communicative development refers to an increasing ability to communicate with others through language plus nonverbal signs. While the term technological development has generally been used to refer to tribes, societies or nations, we mean here to refer to individuals' abilities to master the technology of their culture. Associative development refers to an increasing ability to understand and put into practice the rules and conventions for group inclusion, maintenance, participation, and formation.

Physio-cognitive development is antecedent to social development, and their interaction can be assessed (through observation and inference) by analysis of the three psychosocial dimensions--individual, membership, and interactional abilities. Individual abilities include those abilities which have traditionally been tested and studied by psychologists, educators, pediatricians, and other practitioners concerned with individual

development. Individual abilities are exhibited independent of the presence of others, ranging from fine and gross motor skills to intellectual skills. The foundation for membership abilities begins in infancy with the child's responsiveness to others. This membership ability has been variously labeled by others as bonding, sociability, and introversion-extroversion. Although there is a strong genetic component to these qualities, they are malleable and can be modified by significant others within a relatively short period of time. The development of bonding and sociability is dependent upon tender loving care. Membership abilities emerge because the child is placed in a situational relationship with others. The critical dimension is that the child does not negotiate the terms of the situational relationship, whether due to a lack of understanding, initiative, or choice. Interactional abilities emerge when children communicate with others and engage in joint activities. Adults communicate to children behavioral expectations for interactions. Interactional abilities become the foundation for sustained instrumental and expressive social exchanges.

Introduction

Sociologists conceptualize human development as the transmission of patterned interactions from groups to individuals. Symbolic interactionists have tended to analyze the transmission of patterned interactions in terms of the negotiated rules governing group processes. Group processes are assumed to create differences in the structural opportunities and constraints for individuals. The subject matter for inquiry has been differences and similarities resulting from individuals' membership and experience in social groups. Psychologists, on the other hand, have viewed human development as the progressive acquisition of skills through experience with the environment. Developmental psychologists have tended to analyze the acquisition of skills in terms of maturational processes. Neurological and cognitive maturational processes are assumed to set the parameters within which individuals progress through a series of age-related stages. Sociologists have tended to ignore maturational processes by eliminating the extremes (for example, mental retardation) in studying group influences just as psychologists have tended to ignore group processes (for example, socioeconomic status) in establishing age norms. Mead and Piaget, as the major theorists informing symbolic interactionism and developmental psychology respectively, exemplify the difference in approaches to understanding social development in young children. This paper is an attempt to bridge the gap by building a model which incorporates both perspectives.

Physio-Cognitive Development

Both Mead and Piaget recognize the existence of physio-cognitive developmental stages which emphasize the individual's genetic endowment and neurological maturation as prerequisites to conceptual repertoires such as the ability to distinguish oneself from others. The use of the prefix "physio" is meant to emphasize the importance of genetic endowment and maturation on behavioral repertoires such as walking, holding a pencil, or catching a ball. In analyzing young children's social interaction, it was sufficient for Mead to distinguish two stages of physio-cognitive development. During the first stage, the child interacts with others, due to being placed in a situational relationship, without having the conceptual ability to negotiate the rules. The second stage begins when the child is able to take the role of the other. For Piaget's interest in how children gain knowledge about the world, a more elaborated model was developed consisting of four major stages: (1) the sensori-motor stage in which infants differentiate themselves from other objects, (2) the preoperational stage in which the symbolic use of language emerges, and thinking is characterized by egocentricity, (3) the period of concrete operations with the ability to take the role of others and to make complex classifications of physical objects, and (4) the period of formal operations in which evolves flexibility, abstraction, and consideration of alternatives in complex problem solving.

Mead discusses his two stages only in terms of social roles, not skills necessary to task performance within the role. Piaget on the other hand does not relate the acquisition of cognitive skills to the process through which social roles are simultaneously acquired.

Neither Mead nor Piaget are concerned about the variability in children's behavioral repertoires which results in their labeling themselves and being labeled by others as socially competent. That is, neither Mead nor Piaget systematically analyze the physio-cognitive development of young children in terms of three types of psychosocial abilities which are implied by their theories: individual abilities, membership abilities, and interactional abilities.

Psychosocial Abilities

Individual abilities include those abilities which have traditionally been tested and studied by psychologists, educators, pediatricians, and other practitioners concerned with individual development. Individual abilities are exhibited independent of the presence of others, ranging from fine and gross motor skills to intellectual skills. This would include such commonly tested behaviors as cutting with a pair of scissors, skipping, and distinguishing likenesses and differences between objects. Individual abilities also include abilities manifested in isolation from others but in accordance with standards of conduct or social conventions. This cluster of abilities is referred to as deportment and includes personal grooming as well as manners. Included are such behaviors as using a handkerchief to blow one's nose, keeping one's shoes tied, and not playing with or throwing food. The activity-passivity level of a child, which has generally been considered a characteristic of temperament and the underpinning of personality, is also an individual ability.

The foundation for membership abilities begins in infancy with the child's responsiveness to others. This membership ability has been variously labeled

by others as bonding, sociability, and introversion-extroversion. Although there is a strong genetic component to these qualities, they are malleable and can be modified by significant others within a relatively short period of time.

The development of bonding and sociability is dependent upon tender loving care. Membership abilities emerge because the child is placed in a situational relationship to others. The critical dimension is that the child does not negotiate the terms of the situational relationship, whether due to a lack of understanding, initiative, or choice. Membership abilities require the maintenance of the situational relationship, whether through an understanding of the group's rules or a predisposition to passivity. The maintenance of situational relationships necessitates that the child's behavior be acceptable enough to others such that the child is not isolated from human contact or the group. Once a situational relationship is established, membership abilities are exhibited by such behaviors as listening to and following directions, keeping objects in their proper places so as not to interfere with others, and complying with established routines for eating together.

Interactional abilities emerge when children communicate with others and engage in joint activities. Adults communicate to children behavioral expectations for interactions although socially unacceptable behaviors, such as hitting, reflect interactional abilities, too. Children are expected to share, to take turns, and not to yell at each other. At more advanced levels, the child is able to engage in other roles ranging from playing house to organized games such as musical chairs or baseball. Interactional abilities become the foundation for sustained instrumental and expressive social exchanges such as allyships and friendships (Suelzle 1981). The development of interactional abilities is associated with physio-cognitive development and social experience.

The individual's culture as transmitted through group experiences determines the content of the socialization process. Physio-cognitive development is a universal progression that is associated with the individual's increasing understanding of the social world, that is, social development. Social development occurs on four major dimensions: emotional development, communicative development, technological development, and associative development. This paper presents an empirically-based theoretical model of social development in relation to physio-cognitive development and psychosocial abilities. This model, although applicable over the individual's life cycle, is exemplified by focussing on the dimensions of social development for preschool children.

Social Development

Social development is the process through which individuals internalize their culture, that is, "become human." It is the acquisition of an understanding of, and the ability to perform in accordance with, the norms and rules of the society in general and of particular social groups. Physio-cognitive development is antecedent to social development, and their interaction can be assessed (through observation and inference) by analysis of the three psychosocial dimensions--individual, membership, and interactional abilities. This analysis requires a multivariate model (see Figure 1).

Physio-cognitive development can be subdivided according to the degree of precision desired for different analytic purposes. The series of stages proposed by Piaget and Mead are two examples of the type of subdivisions made by social

scientists. Delineating the stages of physio-cognitive development is not relevant to this description of preschooler's social development. Our purpose is to assess social development within one stage. Though the precise interplay between physiology and cognition is beyond the scope of observational data, the model highlights the necessity for their independent assessment in young children. The curved line separating physiology from cognition is meant to illustrate the importance of sensorimotor abilities in early childhood as opposed to adulthood. The infant's repertoire of behaviors falls proportionately more in the realm of physical abilities (sucking, reaching and grasping, standing) than in the realm of cognitive abilities (associating properties with objects, for example meows for kitten). As children gain mastery of self-help skills and in physical coordination the repertoire of behaviors falls increasingly in the realm of cognitive abilities. In assessing social development in young children it is therefore necessary to determine whether a child's failure to act in a particular way is a result of a physical versus a cognitive inability.

Physio-cognitive development occurs within a social context and is severely attenuated if human contact is too minimal (Bowlby on "maternal deprivation"; Bronfenbrenner on early intervention). Social development occurs as a result of the child's processing of input from human contact in relationship to the level of physio-cognitive development. If social development is substantially hindered due to a physio-cognitive disability the child is considered handicapped, whereas if the delay is attributed to inadequacies in the human inputs the child is considered emotionally disturbed. Excluding these extremes, there is a wide range of variation in the levels of social development that is acceptable. Individuality in emotional, communicative, technological, and associative development is expected. These four dimensions of social development are

analyzed for a group of preschoolers in terms of the range of individual, membership, and interactional abilities accepted as normal within the day care center.

Emotional Development

Emotional development is the development of a harmonious relationship between basic needs, conscience and ideals, and the environment which enables individuals to maximize the investment of energy in constructive work and interpersonal attachments (English and Finch 1954:39). For children at the preschool age, a major issue in emotional development is learning to control impulses (Maccoby 1980: 176-7):

> Young children are frequently flooded by emotional states that dominate both mind and body. ...As children grow older the frequency of emotional storms diminishes. [Through some inhibitory process] they are learning to control intense emotions. In the course of this development, children must learn to inhibit the strong feelings that previously disorganized their behavior, and they must learn to cope with circumstances that interfere with immediate or complete satisfaction of their needs and wishes.

At the level of individual abilities we want to know whether the child is able to control impulses. Children who have not mastered this ability are often labeled as moody, easily upset, prone to tantruming, or as behavior problems. Younger children may not have the physio-cognitive abilities to consistently control impulses and thus exhibit emotional outbursts sporadically. For older children the question is not whether they can control their impulses but the frequency with which they do so. The frequency occurs as a

combination of physical, motivational, and situational factors. The child who is sick or tired will be more irritable on those occasions than when in good health and well rested. Often children use emotional outbursts in a controlled fashion as attention-getting devices. The social organization of a group setting can facilitate emotional development by: reducing the amount of frustration with which children have to cope, offering tender loving care, diverting attention to other activities, and providing alternative outlets such as trips to the playground for the release of emotional energy.

At the level of membership abilities, each child is aware of the presence of classmates even if the child is not communicating, verbally or nonverbally, with another. By virtue of sharing the same physical space, each child's actions are constrained by the classmates as objects within the environment. Children do not walk into each other at random any more than they walk into walls, tables or other inanimate objects at random. Just as children learn not to infringe on each other's physical space so too they learn not to infringe on each other's personal space. They become responsive to others' needs for tolerable noise levels and distancing. Children learn to control their emotional outbursts in order not to be rejected by others or removed from the group. The child learns to recognize the conjunction between individual and membership needs. For example, when genuinely upset the child would voluntarily withdraw temporarily from the situation rather than tantruming. Temporary withdrawal would not be as likely to jeopardize group membership or to disrupt the group as would tantruming. Membership abilities involve maintaining the situational relationship without negotiating its rules.

At the level of interactional abilities, the child learns to express frustration and tolerance, to negotiate terms of interactions with others. The child who is frustrated by a physio-cognitive inability to manipulate physical

objects learns to use adults and other children as resources. The child learns to tolerate an inability to reach objects from high shelves, move heavy objects, and manipulate certain toys, and to make pragmatic requests for help. Frustration is simply eliminated. On the other hand, humans are much more unpredictable than are physical objects. Their unpredictability makes it difficult, if not impossible, for the child to eliminate frustration. Instead the child learns to tolerate and negotiate a certain level of frustration and annoyance in order to maintain an interaction or even a situational relationship. Similar to learning to inhibit frustration and hostility, children also learn to inhibit excessive displays of affection and of excitement.

Communicative Development

Communicative development refers to an increasing ability to communicate with others through language plus nonverbal signs. By language we mean "... any symbolic system which is learned, which consists of conventional basic units and rules for their arrangement, and which includes a conventional set of arbitrary signs for meanings and referents. Most human languages employ speech sounds to represent basic units, and written languages are derivative of oral languages" (Ervin-Tripp 1966: 56). Included in communicative development is the ability to understand and appropriately employ such nonverbal signs as gestures, spatial distancing, touching, facial organization, bodily positioning, and auditory sounds of laughter, cries, and sighs.

Particularly in analyzing young children's communicative development, it is necessary to distinguish between receptive and expressive abilities. The ability to understand others (receptive abilities) precedes the ability to

convey the same information to others (expressive abilities). For example, a young child may be responsive to a request to go into another room, get a ball from the closet, and bring the ball back to the teacher, yet the same child could not make this request of another. Thus in analyzing communicative development it is important to distinguish between receptive and expressive abilities in order not to mislabel a child's physiocognitive development, for example labeling a child as mentally retarded due to a hearing defect or speech impediment. The distinction must also be made in analyzing children's responsiveness to and expression through nonverbal cues. When no physiological deficit is found, children (particularly those from lower socioeconomic or racial minority backgrounds) have been labeled as having communicative and thus cognitive defecits solely on the basis of spoken language. Children in less verbal environments may rely more on receiving and sending nonverbal cues and thus these abilities must be assessed along with verbal abilities.

At the level of individual abilities, we want to know whether the child can understand and express language and nonverbal signs. Linguists have traditionally analyzed three types of individual communicative abilities: phonology, syntax, and semantics. Phonology refers to the system of sounds for language; semantics refers to the meaning of words and sentences; and syntax refers to the underlying rules which specify the order and function of words in a sentence (Hetherington and Parke 1975: 214). Children vary in their rates of language development due to physiological factors (such as hearing ability) as well as cognitive and environmental factors. Children's language development must be assessed in terms of their entire communicative system. That is, signing and nonstandard English are alternative communicative systems, with their own meanings and underlying rules to which

individuals should be appropriately compared in order to evaluate communicative development.

At the level of membership abilities, children communicate in situationally appropriate ways. For example, cursing is unacceptable in the classroom and can lead to expulsion, whereas in the neighborhood cursing may be tolerated or even expected. In addition to the type of communication which is acceptable for maintaining group membership, there are also group constraints on the acceptable timing of communication. Children are expected to sit quietly during such group activities as story time. They cannot interupt a teacher who is giving instructions to the group. Children must modulate their vocalizations and moderate their gestures according to the levels tolerated within the group.

At the level of interactional abilities, children learn to sustain communications with others. We are interested in how a child communicates thought or feeling to another. It may be through eye contact, body positioning, physical aggression or affection, and verbal statements and requests.

Although communicative development is a separate dimension of social development it is also important to note that communication is a mechanism for conveying the rules governing tool usage and associations. Thus communicative experience, as the basis for acquiring complex technical and associative skills, becomes increasingly important over the life cycle even though the rate of communicative development slows down rather markedly after childhood.

Technological Development

While the term technological development has generally been used to refer to tribes, societies or nations, we mean here to refer to individuals' abilities to master the technology of their culture. This would include the

use of increasingly complex tools--from buttons and scissors to stoves and computers. We also mean to include the understanding and use of these tools in a way that ensures personal safety. For the young child this means learning to cross a street; for the adult learning to drive the automobile. Technological development also includes learning to use tools appropriately, for example, drawing on paper, not on walls for children, and for the social scientist to prepare originals of all figures in India ink on white paper. In some cultures, technological development extends to learning taboos about objects (for example, Hindus cannot eat beef).

At the level of individual abilities, the child develops physical skills which enable material objects to be used and manipulated in a way which ensures personal safety. For the preschool child, major emphasis is put on self-help through learning to dress oneself (how to button, zip, tie), and learning to negotiate mealtimes (how to pour, cut, clean up). The skills are taught not only to alleviate adults' responsibility for routine child care but also with an underlying concern for the health of the child. Clothing must be worn to avoid colds; food must be handled and eaten in a sanitary fashion. Major emphasis is also placed on rudimentary skills which are essential to the later performance of adult roles. In our society where reading and writing has a taken-for-granted quality, the skills of symbolic representation on paper are central (cut, paste, color). Here concerns about personal safety have led to the adaptation of the technology to the child--safety scissors and non-toxic paste and crayons. In a similar fashion, to facilitate the opportunity for children to safely practice using adult tools, objects are scaled down and simplified--dolls, cars, brooms, blocks, dishes, furniture. Not all materials can be adapted or child-proofed. Children must also learn consequences for their personal safety within the society of adults. For example, children

must learn to walk down stairs without falling, to not play with electrical outlets and cords, to look out for traffic before crossing a street, and to use playground equipment safely.

At the level of membership abilities, children learn to use and care for objects in socially appropriate ways. Learning to use tools appropriately is task- and situationally-specific in that each tool has a narrower range of socially approved uses than the range of potential technical applications. For example, scissors can be used to cut paper, cardboard, string, and cloth, but not to spread glue, even though scissors might be very satisfactory glue spreaders. Children may be able to use chairs as stepstools at home to reach an object from a high shelf, but not be permitted to use chairs in this way in the classroom. Learning to care for materials involves their preservation for future availability to the group. A child who consistently destroyed property in a competent and safe fashion would be considered seriously emotionally disturbed. Materials cannot be left on the floor where they could be tripped over or stepped on and damaged. Materials must be returned to designated areas so that others will be able to locate and use them. As a membership ability, by using materials in a standardized fashion, the child is allowing others to use the materials too. A child who consistently fails to use materials in a standardized fashion threatens the functioning of the group insofar as task-oriented activities are precluded or restricted by missing or damaged materials. Children must also learn that activities are restricted by the groups from which one is excluded as well as by the groups in which one has membership. For example, a child cannot use equipment belonging to others even though it is not being used and appears enticingly available. Likewise children learn to restrict their use of others' physical territory. Cues to territorial accessibility are provided by physical boundaries. Children must learn not to take objects from store shelves or

the teacher's desk, just as they learn they cannot walk through any open door.

At the level of interactional abilities, children learn to use materials in ways that ensure the safety of others (in contrast to the individual ability to ensure one's own safety) and in ways that promote collective use of materials. Objects are not thrown at or used to hit others; paint is not splattered on others; doors are not slammed in others' faces or on their fingers. At a minimal level, the collective use of materials is promoted (in contrast to simply being allowed) by handing an object to another child when finished. At a more complex level, the child, though not yet finished with an object, will alternate use with another child (take turns). At a still more advanced level, the objects are shared in a nonalternating fashion according to the needs of the individuals for the task or activity. At this more advanced level, for example, children share a box of crayons while drawing, using the blue crayon if and when necessary rather than alternating use of the blue crayon in a strict turn-taking fashion. The tools are divided up among the individuals in a group dependent upon a division of labor or allocation of roles. When playing house the child designated as "mother" gets to wear the dress; neither the "father" nor the "baby" get to wear the dress, nor do they want to do so.

Associative Development

Associative development refers to an increasing ability to understand and put into practice the rules and conventions for group inclusion, maintenance, participation, and formation. By inclusion we mean appearance and conduct which does not result in avoidance of the individual by others--that is, access to group membership is possible on the basis of external conformity. By maintenance we mean conduct which will not disrupt the group or activity--that is, conduct which will fit in. By participation we mean behaviors which

augment the functioning of the group--that is, involvement with others in the activities. By formation we mean behaviors which initiate activity with others--that is, behaviors which create groups or activities.

At the most basic level of individual abilities, children must possess the skills to enable them to be accepted by others. Inclusion implies minimal standards of appearance and conduct. These abilities are generally taken for granted with normal children. It is only when extreme deviations are encountered that the importance of these abilities becomes evident. For example, the child who is profoundly retarded, autistic, blind, or grossly deformed will often be shunned on the basis of appearance. In addition biosocial characteristics such as age, race, and sex can have the effect of excluding individuals from access to particular groups. To some degree impression management may be possible. That is, characteristics can be modified by or for the individual to varying degrees. The profoundly retarded child can be dressed in regular street clothes rather than institutional garb, a girl can wear blue jeans, a black can have her hair straightened. Although these biosocial characteristics can be masked, they can generally not be eliminated. To the extent that biosocial characteristics cannot be masked, the individual's ability to be accepted becomes either based upon the "accident" of congruance with others' expectations or dependent upon being able to change others' attitudes and behaviors. That is, just as technology is adjusted to the young child's abilities when the abilities themselves cannot be changed--for example, safety scissors, scaled-down furniture--so also social understanding and acceptance can be adjusted to accommodate biosocial differences. Children can learn about the limitations of a mentally retarded classmate and learn to compensate for those limitations just as they do for children younger than themselves. Children apparently have to be very carefully taught to make

social distinctions based upon race, sex, or socioeconomic status. Since individual associative abilities must be evaluated relative to a particular group, it is important to specify the characteristics of the group or range of groups to which the individual has the ability to be accepted. For example, some individuals may be accepted by virtually all groups in a society, whereas at the extremes some individuals may only be accepted within specialized groups--as objects of pity on a medical ward (The Elephant Man) or as objects of curiosity (the freaks in a circus sideshow).

At the level of membership abilities, we can assess the child's ability to remain in the group on an on-going basis, once having been accepted. The ability to maintain membership in a group involves behaving in accordance with the routines and scheduling of group activities. At a minimal level, the child must not disrupt the group or activity. For example, in a classroom setting where other children are singing, the young child who sits quietly and passively observes maintains membership without disrupting the activity for others. It is the child whose membership abilities are more volatile or inconsistent, such as the hyperactive or emotionally disturbed child, for whom membership is more likely to be revoked.

At the level of interactional abilities, the child develops the ability to participate with others in group activities and eventually to initiate activities with others as well. Behaviors at this level of associative development have been studied under such labels as: social development, altruism, moral development, pro-social behavior, peer group socialization, and more generally symbolic interaction. At the level of interactional associative abilities, children learn to share and take turns in terms of allocating roles, and understanding the perspective of others. These associative abilities are distinct from and more abstract than communicative and technological

abilities to share--learning to take turns participating in an activity in contrast to learning to take turns speaking or using a crayon. The ability to take turns in allocating roles is developed initially through playing simple games like tag where only an understanding of "I" versus "you" is necessary to distinguish between being "it" and trying to avoid being caught. Games like soccer or playing house which involve an "us" versus "them" understanding require the learning of more complex roles and relationships. Participation in and understanding of more complex social relationships is associated with a decrease in egocentrism and an increasing ability to decenter (Piaget) or to take the role of the other (Mead). Understanding the perspective of others develops from the concrete recognition of similar attributes (boys versus girls) to the more abstract recognition of shared interests and meaning systems. Interactional associative abilities are developed in terms of a myriad of ascribed relationships such as social differentiation (age, sex, race) and stratification (social class) as well as in terms of achieved relationships such as leadership, friendship, allyships, sportsmanship, and fellowship.

Discussion

In this paper we have presented a model for analyzing social development in young children including the perspectives of both developmental psychology and symbolic interactionism. We believe the model is applicable historically and to comparative analyses of individuals and groups as well as across an individual's entire life cycle.

In order to be able to utilize the model to analyze social change, as well as social development within a given setting at a particular point in time, a further distinction would have to be made between having skills and

the purposes for which those skills were utilized--for humanitarianism or destruction, peace or war. That is, an analysis of society and culture would have to be systematically incorporated into the model presented in this paper. Ultimately pro-social associative development leads to caring, responsibility for others, love, and altruism; anti-social leads to brutality, egotism, hatred, and selfishness. Idealized, abstracted reference groups extend beyond the immediate social context. The highest level of interactional associative abilities implies the ability not to change one's appearance and conduct to be accepted into and maintain every possible group into which one could be admitted. Individuals develop the ability not to do something just because one could get away with it. Interactional associative abilities imply setting priorities, making choices, and selectivity as opposed to compliance and going along with situational norms.

In order to utilize the model for comparative analyses of individuals and groups, a rigorous analysis of society(ies) and culture(s) would be equally important. For example, the few stable differences in psychosocial abilities between boys and girls seem to be most adequately explained in terms of an interaction between physio-cognitive and social development, i.e., as resulting from physio-cognitive predispositions to learn (Maccoby and Jacklin 1974: 351-366):

1. Girls have greater verbal ability than boys.
2. Boys excel in visual-spatial ability.
3. Boys excel in mathematical ability.
4. Males are more aggressive.

There are a much larger number of instances in which differences are situation- or age-specific, particularly in areas relating to occupational opportunities and family arrangements for women and men. Status is at least

partly dependent upon interactional abilities in emotional, communicative, technological, and associative development. Yet, clearly it is not possible to predict status solely on the basis of social development for women and men, any more than it is possible to do so for whites and blacks, or by socioeconomic origins. That requires a further specification of the opportunities and constraints whereby the development of abilities are normatively permitted or denied, and whereby their expression is culturally rewarded or punished. The model presented in this paper is, however, a starting point for systematizing our approach to the basic research question of explaining social differentiation and stratification.

The model can also be utilized as a diagnostic tool for applied clinical or policy research. Knowing that there is an individual pathology or a social problem in any type of psychosocial ability on any dimension of social development should lead to an assessment of all other combinations of psychosocial abilities and social development dimensions as well. Such an analysis might be sufficient for descriptive purposes or for remediation through a behavior modification approach. Once again, however, an equally rigorous analysis of society(ies) and culture[s] might be necessary to arrive at an understanding of the origins of the individual pathology or social problem. Destiny may be explained by the interaction between physio-cognitive and social development as assessed through psychosocial abilities. When destiny cannot be so explained (as in the case of racism and sexism), the answer must be sought elsewhere in society and culture.

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Figure 1. A model of social development illustrating the interaction with physio-cognitive development as assessed through psychosocial abilities.